



The Pulmonary Paper

May/June 2011

Dedicated to Respiratory Health Care

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Dancing with the Stars!

Also inside:

How to Choose the POC
That Is Right for You!

Calling Dr. Bauer
Sharing the Health

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Dedicated to Respiratory Care

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On the cover: Two friends and COPDers, Mary Wells and David Bell of Green Valley, AZ, trip the light fantastic at a local church dinner dance!

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“You can dance anywhere, even if only in your heart.”

— Author Unknown

During our lives we do all kinds of dances. Going to your senior prom is a rite of passage. I took my daughter to her ballet recital, my youngest son to his stage performances, and danced with my oldest son at his wedding.

I danced for exercise and danced in the moonlight with my husband. Dance is a big part of many spiritual rites. Throughout the decades, dance crazes have entertained us – remember the Charleston, Twist and who can forget Disco?

We also have to dance around the many curve balls life throws at us. We can choose to become a wall-flower or simply dance at a slower pace. As Lee Ann Womack says, “And when you get the choice to sit it out or dance, I hope you dance!”

I say, make it a victory dance!

Which Portable Oxygen Concentrator Is Right for You?

Portable Oxygen Concentrators (POCs) have piqued the interest of the oxygen community. Often advertised as an all-in-one solution to home oxygen needs, POCs have drawn the attention of not only people like you who have been prescribed long-term oxygen therapy (LTOT), but also the respiratory therapists, home care providers, and respiratory product manufacturers who routinely work with patients needing oxygen. While POC technology is not at a point where the POC can truly be considered as the only product a person on oxygen needs for therapy, we are headed in that direction. But let me make this very clear – *we aren't there yet.*

Perhaps you have seen television commercials advertising POCs. More often than not they promise “independence”, “freedom”, and the ability to perform your activities of daily living without the need for any other equipment. These advertisements tout the POC’s portability, eliminating the need for oxygen cylinders and liquid storage tanks and may claim that the POC can be used during all phases of activity, including sleep. These types of commercials make the POC highly desirable, meaning the advertising department has done a great job.

However, and I cannot stress this enough, it is *very* important to be educated on the capabilities and limitations of the POC before making a purchase. Television commercials alone will not tell you the whole story. Home care provider associates may not be familiar with your oxygen requirements and whether those requirements can be met by a certain POC product. The last thing you want to do is to put your money down on a POC that cannot meet your needs. The aim of this article is to give you a basic idea of how a portable oxygen concentrator operates and the differences between the two types of POCs currently on the market: Intermittent Flow POCs and Continuous Flow POCs. My hope is that with this information you will be better equipped to answer the question, “Which POC should I buy?”

Understanding the Operation of a POC

At their most basic function, POCs do not operate all that differently from the stationary concentrator you most likely have in your home right now. The POC, like the

stationary concentrator, takes in air from the room – a compound of 78% nitrogen, 21% oxygen and small amounts of other gases – and separates the oxygen from the rest of the air. This oxygen is then delivered to you, typically in concentrations between 87% and 95% – much greater than the 21% you get breathing in just room air.

When you are on supplemental oxygen, it is this difference in oxygen percentages that helps to increase the oxygen saturation in your blood.

Stationary concentrators typically deliver their oxygen continuously, meaning flow is always coming out of the machine, at flow settings between 1 and 6 liters per minute (LPM). Current POCs on the market, which are much smaller than stationary concentra-

tors, do *not* have this range of capability. Some POCs are able to deliver up to 3 LPM of continuous oxygen flow, but a majority of the POCs available are only able to deliver their oxygen intermittently, meaning that all oxygen is delivered in short pulses and only during inhalation. While there are no standard naming conventions that differentiate these types of POCs, for the purpose of this article we will call POCs that only deliver their oxygen intermittently *intermittent flow portable oxygen concentrators (IF POCs)*, and we will call POCs that can deliver both intermittent and continuous flow oxygen *continuous flow portable oxygen concentrators (CF POCs)*.

CF POCs versus IF POCs

The distinction between CF POCs and IF POCs is important, if only because the oxygen production capabilities between these two types of POCs are significantly different. There are four CF POCs on the market, the DeVilbiss iGo, the Invacare SOLO2, the O2 Concepts OxLife Independence (currently undergoing a major revision after OxLife was acquired by O2 Concepts), and the SeQual Eclipse. All four CF POC units are able to produce 3 liters of oxygen per minute, which is equivalent to 3000 milliliters (mL). There are several IF POCs on the market, including the AirSep FreeStyle, the Inogen One, the Inova Labs LifeChoice, the Invacare XPO2, and the Respironics EverGo. Oxygen production capabilities

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It is highly recommended you discuss the purchase and use of a POC with your clinician and/or respiratory therapist, as well as taking the unit on a “test drive”.

Portable Oxygen Concentrators

Intermittent Flow POCs (IF POCs)

	AirSep® Freestyle™	AirSep® Lifestyle™	Inogen One® G2	Inova Labs LifeChoice®	Invacare® XPO ₂ ™
					
Flow Settings					
Available Settings	1 to 3	1 to 5	1 to 5	1 to 3	1 to 5
Pulse Dose Type	Fixed Delivery: 9 mL per setting	Fixed Delivery: 9 mL per setting	Variable Delivery: Dose decreases as rate rises	Fixed Delivery: 1–15 mL, 2–25 mL, 3–35 mL	Variable Delivery: Dose decreases as rate rises
Dose Volumes**					
2 LPM Continuous Flow Volume per breath: 15 BPM, 44 mL; 30 BPM, 22 mL					
4 LPM Continuous Flow Volume per breath: 15 BPM, 88 mL; 30 BPM, 44 mL					
Maximum Dose per Breath	27 mL	45 mL	15 BPM: 60 mL	35 mL	15 BPM: 66 mL
			30 BPM: 30 mL		30 BPM: 33 mL
Weight					
Unit & Battery (Approximate)	4 lbs.	10 lbs.	7 lbs.	5 lbs.	6 lbs.
Unit w/Accessories	Add 2–5 lbs.	Add 2–5 lbs.	Add 2–5 lbs.	Add 2–5 lbs.	Add 2–5 lbs.
Battery Run-Out Times					
Approximate Battery Time at Pulse Setting 2	2.5 hours	50 minutes	3 hours	2 hours	2.5 hours
Approximate Battery Charge Time (Unit Off)	3.5 hours	2.5 hours	3 hours	4 hours	4 hours
All Units Approved for Flight by FAA					
Maximum Altitude	8,000 feet	8,000 feet	10,000 feet	10,000 feet	10,000 feet

** Approximate Continuous Flow volumes at 2 LPM and 4 LPM are provided for comparison to maximum volumes delivered by selected POC.

Note: Please consult with your doctor or therapist before deciding to use or purchase any of these devices.

		Continuous Flow POCs (CF POCs)			
Oxus POC	Respironics EverGo	DeVilbiss iGo®	Invacare® Solo2	OxLife Independence	SeQual® Eclipse 3™
					
		Flow Settings			
1 to 5	1 to 6	Pulse 1 to 6	Pulse 1 to 6	Pulse 1 to 6	Pulse 1 to 6
		Continuous 1 to 3 LPM	Continuous 0.5 to 3 LPM	Continuous 1 to 3 LPM	Continuous 0.5 to 3 LPM
Fixed: Delivery: 9 mL per setting	Combination Fixed/ Variable Delivery	Fixed Delivery: 16.5 mL per setting	Variable Delivery: Dose decreases as rate rises	Fixed Delivery: 16 mL per setting	Fixed Delivery: 16 mL per setting
		Dose Volumes**			
		2 LPM CF Volume: 15 BPM, 44 mL; 30 BPM, 22 mL			
		4 LPM CF Volume: 15 BPM, 88 mL; 30 BPM, 44 mL			
45 mL	15 BPM: 72 mL 30 BPM: 36 mL	99 mL	15 BPM: 133 mL 30 BPM: 66 mL	96 mL	96 mL
		Weight			
10 lbs.	9 lbs.	19 lbs.	< 20 lbs.	15 lbs.	17 lbs.
Add 2–5 lbs.	Add 2–5 lbs.	Add 5–10 lbs.	Add 5–10 lbs.	Add 5–10 lbs.	Add 5–10 lbs.
		Battery Run-Out Times			
3 hours	4 hours	4.5 hours	3.5 hours	3 hours	5 hours
3 hours	3 hours	3 hours	5 hours	4 hours	3 hours
		All Units Approved for Flight by FAA			
10,000 feet	8,000 feet	13,123 feet	10,000	No Info	13,123 feet

** Approximate Continuous Flow volumes at 2 LPM and 4 LPM are provided for comparison to maximum volumes delivered by selected POC.

continued from page 3

of these IF POC units range from around 450 mL per minute up to 1250 mL per minute.

As you can see by these numbers, current IF POCs are only able to produce, at most, up to about one-third of the oxygen able to be output by CF POCs. It is this difference in production capability that allows IF POCs to be much smaller than their CF POC counterparts. As product size is a major reason why POCs are very appealing to people on LTOT, the manufacturers of IF POCs have made the conscious decision to trade the benefit of greater oxygen production for the benefit of having the device in a lightweight package, making it easier for the device to be portable. CF POCs typically weigh between 15 to 18 pounds and when you add accessories such as power supplies, batteries, and a cart, the device weight can increase by an additional 5 to 10 pounds. Current IF POCs are able to be worn around the shoulder or in a backpack, a result of their smaller size and weight (typically between 4 to 12 pounds). In terms of absolute portability, IF POCs have an advantage.

all of your daily needs. However, if you are an oxygen user whose oxygen requirements are 2 to 5 LPM during any of your activities, the smallest IF POCs may not be able to provide you enough oxygen, and there is the possibility that none of the IF POCs will be able to adequately meet your requirements. If your oxygen needs exceed 5 LPM at any of your activities, there is the potential that even the current CF POCs models will not be able to adequately oxygenate you at all activity levels. You must understand your own oxygen requirements and the ability of the POC to meet those requirements before using an IF POC or CF POC. It is highly recommended you discuss the purchase and use of a POC with your clinician and/or respiratory therapist, as well as taking the unit on a “test drive”, before committing to purchasing.

What to Know When Purchasing a POC

When you decide to purchase a portable oxygen concentrator, you are making a commitment to a piece of technology meant to improve your way of life. As with



As mentioned above, the IF POC's portability advantage over a CF POC is the result of a trade off in functionality benefits. Because the oxygen production capability of an IF POC is limited in comparison to a CF POC, an IF POC simply will not be able to meet the range of oxygen needs that a CF POC can. In the current POC market, one general rule of thumb is that the smaller a POC is, the smaller the number of patients able to be adequately oxygenated on that device is. CF POCs have the advantage of being able to address a wider range of supplemental oxygen needs, simply because they are able to provide significantly more oxygen per minute. This also means that, as an oxygen user's lung condition deteriorates and their oxygen needs increase, a CF POC can be useful to the patient for a longer period of time.

If you are an LTOT user with very low supplemental oxygen needs, a small-form IF POC may be able to sufficiently meet your oxygen requirements for most or

computers, high definition televisions, and automobiles, you do not want to spend a few thousand dollars of your money on a product that is not compatible with your lifestyle and that will be obsolete in a short time. For this reason it is absolutely imperative that you be the one knowledgeable about the POC that interests you – you cannot simply rely on advertising and home care sales associates to adequately inform you of the best options available for you.

How Do You Make an Educated Decision?

First, while POCs might be advertised as the only oxygen equipment you will ever need, this is not yet true. POCs are still a relatively new product and, as with any type of technology, are subject to occasional operational issues rendering the device unusable. It is recommended to always have a backup oxygen delivery system available, such as a stationary concentrator or liquid portable. Also,

many clinicians and respiratory therapists are not yet comfortable with approving POCs for use during sleep. Because your breathing patterns typically become shallower during sleep, there is concern that POCs operating on intermittent flow settings will not properly trigger oxygen delivery. While several manufacturers maintain their products are safe for nocturnal use and promote the ability to change the device sensitivity, many do not recommend POC use during sleep without approval from your doctor first.

Second, know your oxygen requirements. Write down your oxygen needs for rest, activity (like walking, completing daily errands, etc.) and sleep, and share these with your doctor, respiratory therapist, and/or POC sales associate, who can (hopefully) direct you to a product that can meet these needs. In an ideal situation, your POC of choice should be able to provide sufficient oxygen quantities while you are at rest, active, sleeping and/or at higher altitudes. Make certain that the POC you purchase can adequately provide you with enough



oxygen to keep your blood oxygen saturation levels in an acceptable range. In order to do this, and in consultation with your medical professional, you should ask to take the POC you are interested in for a “test drive”. If “road testing” the POC proves difficult through one provider, find a provider who will let you try out the equipment.

Third, you must understand that not all POCs are created equal. IF POCs are more easily portable than CF POCs, but they also have a smaller range of patient oxygen requirements that they are able to meet. Additionally, IF POCs (and CF POCs set to operate in their “pulse flow” modes) deliver their oxygen in different quantities. When you use a stationary concentrator, *any* stationary concentrator, you know for a fact that a 2 LPM setting is 2 LPM of oxygen flow. Far more often than not, a POC set to “2” pulse flow does not mean 2 LPM or equivalent continuous flow oxygen.

For example: When you are on continuous flow oxygen, the volume of oxygen you inhale is dependent on your breath rate. At 2 LPM continuous flow and breathing at 10 BPM, you may get about 67 mL of oxygen per breath, at 20 BPM you will get about 33 mL per breath and at 30 BPM you will get about 16 mL per breath.

However, when set to a pulse flow setting of “2”, the AirSep FreeStyle delivers 18 mL of oxygen per breath, the Inova Labs LifeChoice delivers 25 mL per breath, and the DeVilbiss iGo delivers 33 mL per breath – three different POCs, three different volumes delivered at the same numerical setting. On top of that, while the iGo may deliver the same volume per breath as 2 LPM continuous flow at 20 BPM, this only occurs at 20 BPM, and we all know we do not breathe at the same rate all of the time.

So you can see why it is very important that you know what kind of oxygen volumes a POC is capable of producing. All POC manufacturers provide delivery specifications in their product literature, but these are not always comprehensive. If the POC delivers volumes lower than what you need to maintain oxygen saturations during continuous flow, then that POC likely will not be able to meet your oxygen needs. One other factor to consider is not just how you can use the POC today, but how you will be able to use the POC in the future. If your lung conditions will deteriorate over time, requiring more supplemental oxygen, you will want to purchase a POC that can meet these future requirements as well – do not limit yourself to a POC that will only be useful as long as your lung condition does not change.

Final Thoughts

Answering the question “What POC should I buy?” is difficult, in part because the question is very specific to the person who is asking it. There is no right answer I or anyone else can provide you without knowing your specific situation and needs. I can say that while no POC is “better” than another, one POC may be a better *option* for you than another. With this article I hope to have given you some insight into what to be considering when asking yourself the question of what POC is right for you. To further help you understand some of the differences between the currently available POCs, see the chart outlining some specific characteristics of the POCs. All information was taken from product literature and other manufacturer-provided information and should not be considered comprehensive.

Written by Ryan Diesem who is Research Manager at Valley Inspired Products. Pulmonary Paper thanks him for this very valuable comprehensive article.

Calling Dr. Bauer ...



Dr. Michael Bauer

Dear Dr. Bauer,

I am concerned about swelling in my legs that seems to be getting worse. I am on a controlled no-salt diet and take diuretics. What can you can tell me? JL

It may stretch your imagination, but indeed, leg swelling can be a sign of lung disease! This fact demonstrates an important interdependence of the different organs in our body during health and illness.

A primary function of the lung is to deliver sufficient amounts of oxygen into our bloodstream. Lung diseases, such as COPD, interstitial lung disease, lung cancer, etc., often result in low oxygen levels/saturations. Oxygen is the fuel for energy reactions in all our cells. Without adequate oxygen delivery our body organs, especially the heart, become stressed and cannot function at full efficiency. A stressed heart pumps less blood with each heartbeat and our cardiac output (blood flow) is reduced.

You probably know that our kidney is a critical organ with an important function of regulating fluid status. When we drink a lot of fluids (especially lots of salty fluids), the kidneys become efficient filters and managers of balancing what comes in and what goes out.

Bad lungs, low oxygen, stressed heart, low cardiac output, impaired kidney function, fluid retention ... the most common part of the body for fluid to accumulate is in the feet!

This may sound complicated and round about, but I think it makes sense (at least to us doctors)!

You should talk to your physician about your symptoms. You may need to change the dosage of your diuretics. The swelling, also called edema, is called "pitting" when you apply pressure with your finger to your leg and an indentation persists for some time after the release of the pressure.

Leg swelling may also be a sign of weak veins in your legs that are unable to pump the blood back up to the heart or possibly the result of a clot in your leg. It may be a side effect of medication that you are on or the result of sitting for long periods of time. Controlling your weight helps avoid swelling in your legs and ankles.

Raising your legs in a recliner or on pillows when sleeping often helps decrease swelling. Support stockings help compress blood vessels to improving return circulation to the heart. You should also avoid tight or restrictive clothing.

Question for Dr. Bauer? You may write to him at The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175 or by email at info@pulmonarypaper.org.

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Fibrosis File

Important Finding

The New England Journal of Medicine tells us scientists have discovered a genetic variation associated with the MUC5B gene which may increase the risk of developing Pulmonary Fibrosis (PF). The study's findings of the role of MUC5B may alter the course of PF research by focusing attention to mucus production in the lungs as well as the space around the air sacs.

Researchers found in study patients with idiopathic pulmonary fibrosis (IPF), the MUC5B genetic variant was present in 67 percent of patients and in 59 percent of patients with a known familial origin to the disease.

The MUC5B gene is an important finding for all patients with PF, not just people at risk for the genetic version of the disease. The Coalition for Pulmonary Fibrosis (www.coalitionforpf.org) and the Pulmonary Fibrosis Foundation (www.pulmonaryfibrosis.org)

partner with National Jewish Health to provide a toll-free PF counseling line at 1-800-423-8891, ext. 1097.

"This is a significant genetic finding in PF, one that may be used as a tool to identify individuals at risk, for earlier detection and for more predictable prognosis. This finding increases the genetic knowledge for PF that physicians and researchers can use to develop new tests and target for therapies," said Janet Talbert, MS, CGC Director of the Familial Pulmonary Fibrosis Genetic Counseling Program at National Jewish Health.

Daughters Unite!

Teresa Barnes of the Coalition for Pulmonary Fibrosis has established a new Daughters of PF program, inspired by thousands of daughters who have seen a parent suffer from PF. The women are creating projects across the country to increase awareness and raise research dollars for the disease. If you are interested in becoming involved, call 1-888-222-8541, ext. 702 or email TBarnes@coalitionforpf.org.



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Ask Mark ...



Mark Mangus, RRT
EFFORTS Board

We have received many requests for Mark to describe his breathing exercise known as the “Tripod Technique”.

To do the “Tripod Technique” stand near an object which is sturdy enough for you to lean against without shifting or moving. It should be six to twelve inches shorter than you are. Examples include the back of a high-top chair, a counter or any other object that is sufficiently tall enough and immobile when weight is pressed against it.

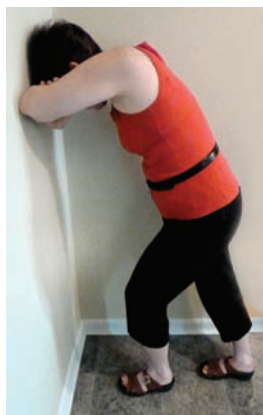
The arms are brought up and crossed such that when they are placed against the support object, the user can lean forward at the waist and place their forehead against their arms. The feet are placed sufficiently far enough away from the vertical line of the leaning arms and head to allow a comfortable position to be assumed. A pillow or other light padding can be used for increased comfort when the forehead is placed against the arms.

One foot is placed forward and one foot placed back from the

forward foot. The forward foot bears no weight, while the back foot, straightened with knee held stiff bears the weight of the body. The “tripod” is formed by the three weight-bearing points that include the back foot and the two arms/elbows. The forward foot simply rests without bearing significant weight or any weight at all, the knee bent and without tension.

The breathing technique requires that the user push their shoulders upward and inward in a fashion that results in their shoulders ‘hugging’ their neck/ears. This action is crucial to success of the Tripod Technique in that it immobilizes the muscles of the upper chest and neck, taking them out of the equation of those muscles available and able to assist with the movement of air into and out from the lungs. When properly accomplished, the only muscles left to engage in ventilation are the abdominal muscles and the intercostal muscles (between the ribs).

Bring air into the lungs by “dropping” the lower abdomen – pushing the belly ‘downward’. This is a concept that gets lost or confused in other techniques which promote movement of both the belly/lower abdomen and accessory muscles of



breathing. Too often, folks conceive to bring air “up” into the lungs. Consequently, they deliberately move the chest “upward” to fill

their lungs. In fact, air is best brought into the lungs by the ‘downward’ movement of the diaphragm (and by default, the abdomen/belly), especially in times of increased demand, as during exercise. In the Tripod Technique, body position, especially with the shoulders and upper chest properly immobilized, more air is brought into the lungs with significantly less energy expenditure.

I’ve heard folks who use this technique say they feel like they are ‘not doing enough work to breathe’! Yet, they are ventilating much better than when in any other position! Be careful not to relax your shoulder-hugging. The whole objective of any breathing technique is to “reduce” overall work to breathe.

Hold the tripod position and breathe easy, using pursed lips breathing with only a gentle pressure and breath-duration. Breathe for up to 15 or 20 minutes or as long as you feel comfortable doing it. Think carefully about how it ‘feels’. When you then go about your daily activities try to reproduce this breathing feeling as it is during the tripod position – using your lower abdomen/belly. You will notice, over time, that your overall breathing improves and you will reap the benefit of less breathing difficulties and better function, as a result. Those with a very low Forced Expiratory Volume in one second (FEV1) can achieve success using this technique.

Mark Mangus RRT, BSRC, is a member of the Medical Board of EFFORTS (the online support group, Emphysema Foundation For Our Right To Survive, www.emphysema.net). He generously donates his time to answer members’ questions.

Sharing the Health

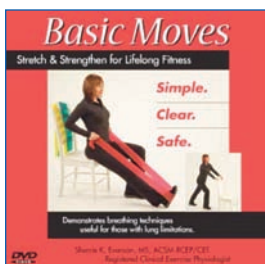


Edith Williamson was diagnosed with COPD in 2001. She is now the president of the Better Breathers Club for the Skyline–Encanto, California areas, and is shown here at a recent meeting. Edith copes with COPD one day at a time!

Have you been diagnosed with COPD, know how to use a computer and tried to learn about how to best care for your symptoms? Share your knowledge with others and get paid to do it! The COPD Foundation mans an Information Line and is now offering to pay people with COPD \$10 per hour to answer the phones.

In the past the service, which is available from 9 am to 9 pm EST, has been manned by volunteers. After going through a training program, you will be assigned a three-hour shift per week to answer questions and provide support. Call the Information Line at 1-866-316-2673 for more details.

Our old friend, exercise physiologist Sherrie Evenson of Onward! Productions, has updated her exercises for seniors with a new DVD entitled *Basic Moves*.



Having worked in Cardio-Pulmonary Rehab for many years in Portland, Oregon, she reminds you to do your pursed lip breathing while toning your muscles. You may order the 30 minute program for \$15 (and also three elastic resistance exercise bands for \$15) plus shipping charges. For more information, call 1-503-502-2294 or visit www.onwardproductions.com.

Receive a Free One Year Membership

Contribute a picture or tip on how you COPE with COPD! Send to The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175. Include your name/address.

George Ringer of Delphi, Indiana, recommends listening to Dr. Frank Adams on XM Channel 81 on Tuesday mornings from 6 am to 8 am. Dr. Adams, a noted pulmonologist, answers your questions about lung health. Adams is an assistant professor of clinical medicine at NYU Langone Medical Center. He is the author of *The Asthma Sourcebook* and an official surgeon for the New York Police Department. Call 1-877-698-3627 during the program to get answers from Dr. Adams!

Regina Brett, a writer from Cleveland, Ohio, wrote a list of 50 lessons that life has taught her. Here are a few from her website, www.reginabrett.com.

When in doubt, just take the next small step.

It's OK to get angry with God. He can take it.

Make peace with your past so it won't screw up the present.

Burn the candles, use the nice sheets, wear the fancy lingerie. Don't save it for a special occasion. Today is special.

The most important sex organ is the brain.

No one is in charge of your happiness except you.

Always choose life.

Forgive everyone everything.

Get outside every day. Miracles are waiting everywhere.

Envy is a waste of time. You already have all you need.

Get rid of anything that isn't useful, beautiful or joyful.

All that truly matters in the end is that you loved.

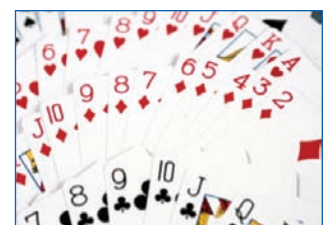
No matter how you feel, get up, dress up and show up. Yield.

Life isn't tied with a bow, but it's still a gift.

Jackson Prentice of Arlington, Virginia, found a unique way to learn tips on living with COPD.

While he plays solitaire at <http://tinyurl.com/6ghjjcd>,

he checks facts on how to improve his life!



Call Your Elected Officials!

Competitive Bidding Is Not a Good Choice for a Person with Respiratory Problems

The Centers for Medicare and Medicaid Services (CMS, better known as Medicare) is feeling pressure from Congress about the growing problems with competitive bidding (also known as suicide bidding!). Competitive bidding eliminates competition and limits the patients' choice of providers and equipment. Service from companies chosen by the government is very limited and you might need many different providers for multiple pieces of equipment: one company for your oxygen, another for your CPAP and another to obtain a wheelchair. Most bid winners did not win all categories of bids.

We have heard from people that live in areas where competitive bidding is already in place. An oxygen user was asked, because of the price of gas, would he mind coming to their office and picking up his own supplies? They have also put a limit on the number of portable tanks they will allow him to have.

If you live in an area where competitive bidding is in effect (Cincinnati, Cleveland, Charlotte, Dallas, Kansas City, Miami, Orlando, Pittsburgh and Riverside, CA) and

would like to tell others about your experience with the program, call the COPD Foundation's Information Line at 1-866-316-2673 Monday through Friday 9 am until 9 pm EST. They are collecting feedback for lawmakers.

To address the problem, Representatives Glenn Thompson (R-PA) and Jason Altmire (D-PA) have introduced the Fairness in Medicare Bidding Act (H.R. 1041), bipartisan legislation that will end the Medicare "competitive" bidding program for home medical equipment and services because the program is fatally flawed. As we went to print, the legislation has 96 cosponsors in the House, but much more support is needed.

To let your elected officials know competitive bidding is not a good choice for a person with respiratory problems, call 1-202-224-3121 and tell the switchboard operator your zip code to be connected to your House Representative. Ask that he or she cosponsor H.R. 1041.



What are Some Common Myths Regarding Oxygen Therapy?

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Product Corner

Talk to Your Local Oxygen Supplier

Captive Technologies was founded last year by Ed Ratke, who also started Sequal Technologies, manufacturer of the Eclipse Portable Oxygen Concentrator. The new company offers the O2 Talon™, a tool for separating oxygen tubing from connectors, tanks or concentrators.

The retail price is \$17.95. They also offer the Bellhop™, a lightweight oxygen carrier that can accommodate all popular cylinder sizes and is carried with a shoulder strap as a backpack, or in a “briefcase” mode.



On the horizon is a device to help you from tripping over the oxygen tubing in your house! The company offers these new products through your local oxygen supplier. For more information, visit www.captive-technologies.com or call 1-619-660-9100.

Would you like to have *The Pulmonary Paper* emailed to you? Send a request to info@pulmonarypaper.org.

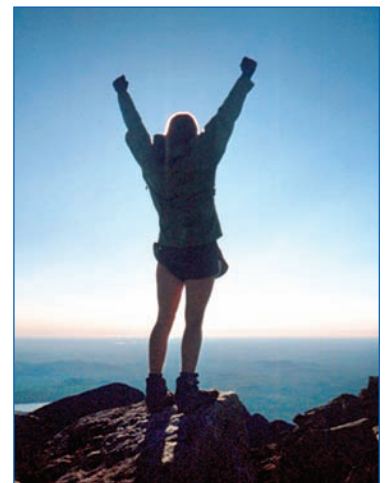
Real Life Campaign: What Inspires You?

Invacare Corporation, supplier of oxygen concentrators, wheelchairs and other home medical products, has launched a “Real Life” campaign to raise awareness of the everyday struggles and achievements of those living with disabilities, ailments or advancing age. The company would like to hear your triumph over hardships or the story of someone who has inspired you.


People are invited to capture their story or that of someone who inspires them, in video or photo form, in the hopes of educating people around the world about what is possible. Participants are able to submit their video or photo entry during the contest period by visiting www.invacare.com/reallife and clicking Share Your Story.

Three stories will be selected to win \$3,000 for the creator of the entry, with \$6,000 donated to the charity of their choice. The contest runs through June 30, 2011.

The Real Life campaign aims to inspire those who use products like oxygen, wheelchairs and walkers and think they can no longer live their life to the fullest. The campaign hopes to bring these voices of triumph and perseverance together to make a difference and affect change.



Rx Stat Respiratory will match or beat anyone's prices on oxygen equipment!



Sequal's Eclipse
Smallest continuous flow POC. 3LPM continuous and 6LPM pulse



Respironic's EverGo
Best battery life, 8 hours at 2LPM 6LPM pulse



Respironic's Everflo™ Quiet with Oxygen Purity Indicator
Small form, 30 lb. stationary unit (\$799 delivered). Great for after your Medicare rental!



Invacare® XP02™
Lightest POC at 6 lbs.! 5LPM pulse

See demos of POCs on YouTube.com, search “Rx Stat”

Rx Stat will beat anyone's price on a new portable concentrator.

We also rent POCs for travel: \$395 for first 10 days, \$295 for each additional 10 days—includes shipping!

And we buy and sell used portable concentrators. Call for availability!



1-888-648-7250
www.rxstat.net

Traveling News

Save Money: Ship Your Bags!

The AARP advises you to save money on airline fees and ship your luggage FedEx or UPS ground. It usually is less expensive and much less hassle! If you pack smart by rolling small items of clothing to fit in spaces of your luggage, you may be able to take only a small carry on. Find packing products and tips at www.onebag.com including a link to the universal packing list.

Where Are the Best Places to Live in U.S.?

COPD Digest, which is published by the COPD Foundation, recently published an article listing the best places to live in the United States if you have COPD. The organization compared all 50 states to see which ones had no unhealthy days in 2009 for people with lung diseases, as well as other factors such as cost of living, crime rates, economic status, numbers of support groups and oxygen providers and assisted living facilities. Unhealthy days are based on air pollution levels. The top five cities the editors picked were: 1. Russellville, Arizona; 2. Amarillo, Texas; 3. Winchester, Virginia; 4. Santa Fe, New Mexico; and 5. Arcata, California.

The YaYas Celebrate the Kentucky Derby in Akumal, Mexico!



(L-r) Mary Zarba, Patsy Tyler, Cheryl Hobart, Suzanne Campbell and Martha Rehm.

National Park Free Admission Dates

Every national park will offer free admission on June 21 to celebrate the first day of summer! If you can't plan an outing on that day, go for free on September 24 (Public Lands Day) or November 11–13 (Veterans Day weekend).

Visit www.nps.gov/findapark/feefreeparks.htm for more information. And enjoy the outdoors!

Jeeppers, Happy Birthday, Peepers!



On recent cruise on the Panama Canal, Carolyn Delorenzo and Patricia McCarthy of Florida celebrate!

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The next generation of portable oxygen concentrators –

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- \$3,200 with 8-hour battery (Special sale price for *Pulmonary Paper* readers!)



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July 1: Celebrity Infinity

A 7-day cruise to Alaska from Seattle, WA

September 2: Norwegian Dawn

A 7-day cruise to Bermuda from Boston, MA

October 1: Sapphire Princess

A 7-day California Coast cruise from Los Angeles, CA

January 15, 2012: Royal Caribbean Mariner of the Seas

A 7-day cruise to the Western Caribbean from Galveston, TX

February 12, 2012: Norwegian Spirit

A 7-day cruise to the Western Caribbean from New Orleans, LA
(Stay for Mardi Gras on Feb. 21!)

April 15, 2012: Carnival Pride

See the Cherry Blossoms in DC!
A 7-day Caribbean cruise from Baltimore, MD

*Still time
to sign up
for Alaskan
cruise!*

Respiratory News

Respiratory Care recently reported on a new automatic oxygen regulator available in Italy that will adjust oxygen flow in response to the users saturation. The small device is strapped and connected to a portable oxygen unit and a pulse oximeter. It will increase and decrease the flow rate to your cannula as your needs change.

Stem cell research has been a controversy in medicine for some years now. Researchers from Brigham and Women's Hospital have discovered human lung stem cells which they say can give rise to the different cells in the lung including bronchioles, alveoli and pulmonary vessels. This discovery ultimately may hold the potential to regenerate and repair damaged lung tissue. The results were published in the *New England Journal of Medicine*. Further research will be done. For more information on stem cells, visit the International Society for Stem Cell Research at www.isscr.org. Their phone number is 1-847-509-1944.

Who knew that a simple hand-held electric fan could provide relief for your breathlessness! A study in *Journal of Pain and Symptom Management* showed that symptoms were cut by more than one-third within minutes. Medics believe cool air activates nerves in the face that are stimulated when people dive into cold water, prompting the body to conserve oxygen.

Analysts found the following trends in pharmaceutical clinical trials in the past year (before October 2010):

- Focus has shifted from rheumatology to respiratory diseases
- COPD and asthma saw the highest levels of activity
- Inhaled combinations therapies dominate respiratory developments
- All of the top five pharmaceuticals companies (AstraZeneca, Boehringer Ingelheim, GlaxoSmith Kline, Novartis, Pfizer) started new trials in respiratory disorders